

# Urban Nutrition

## IN NGO-OPERATED FACILITIES

### BANGLADESH

Significant gaps exist in access to quality nutrition services in urban areas, particularly for the poor. MIYCN counseling during ANC and nutrition counseling during sick child visits is inconsistent, coverage is low, and quality of interventions is neglected and weak. A&T's implementation research carried out in eight urban NGO-operated facilities in Dhaka addresses these gaps.

#### EVALUATION DESIGN

Quasi-experimental design with non-randomized allocation to intervention

#### RESEARCH QUESTIONS

- Is it feasible to integrate MIYCN services into existing urban health facilities?
- Can coverage and quality of MIYCN practices be improved by integrating MIYCN services into existing urban health facilities?
- Can MIYCN interventions within health services improve nutrition outcomes?
- What factors most affect implementation of the urban MIYCN model?

#### OUTCOMES

1. Improved knowledge and practices pertaining to:
  - Early initiation and exclusive breastfeeding
  - Complementary feeding—dietary diversity, other practices
  - Consumption of IFA and calcium supplements during pregnancy
  - Maternal diet diversity and quantity of food consumed
2. Improved services related to:
  - Provision and quality of MIYCN services in health facilities

#### TIMELINE

Baseline: March 2020

Endline: December 2021

#### THE INTERVENTION

##### Additional services via NGOs

- Training on MIYCN
- Standardized layout for MIYCN counseling room
- Standardized MIYCN-specific SBC materials and job aids
- Dedicated health facility counselor (compensated) or other staff to counsel on diet; promote and counsel on IFA and calcium supplements; monitor weight gain; and counsel on breastfeeding and complementary feeding
- Dedicated community worker (compensated by project) to promote MIYCN services and provide support for follow-up with dedicated counselors
- Community mobilization through local mass media and leaders for MIYCN services